STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155253	A. BUILDING _____ B. WING _____	C 09/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWOOD HEALTH PAVILION	2455 TAMARACK TR BLOOMINGTON, IN 47408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00109906 and Complaint IN00114615. Complaint IN00109906 - Unsubstantiated due to lack of evidence. Complaint IN00114615 - Unsubstantiated due to lack of evidence. Survey date: 09/07/12 Facility number: 000156 Provider number: 155253 AIM number: N/A Survey team: Susan Worsham RN TC Sharon Whiteman RN Census bed type: SNF: 19 NCC: 28 Total: 47 Census payor type: Medicare: 18 Other: 29 Total: 47 Sample: 06 Meadowood Health Pavilion was found to be in compliance with 42 CFR, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00114615 and Compliant IN00109906. Quality review completed 9/11/12 by Jennie	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWOOD HEALTH PAVILION	**2455 TAMARACK TR BLOOMINGTON, IN 47408**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 Bartelt, RN.	F 000		